

**CITY OF TEMPE HOUSING SERVICES**  
**21 East Sixth Street, Suite 214**  
**Tempe, Arizona 85281**

**CHANGE IN INCOME/HOUSEHOLD COMPOSITION**

**You must report the following changes to Tempe Housing Services:**

1. **INCOME:** All changes that occur to your family income. This includes earned and unearned income and all assets.  
**Section 8 Participants only:** We will determine if your change will result in a change to your portion of the rent. **DECREASES IN INCOME:** you may report decreases in the household income, in writing, as it may result in a decrease in your portion of the rent.
2. **HOUSEHOLD COMPOSITION:** If any person is added to your household or if any person leaves your household.  
**Section 8 Participants only:** You must obtain approval from both your landlord and Tempe Housing Services before adding a person to your household.
3. **Waiting List Applicants:** Any changes that occur to your waiting list preference, income and/or household composition must be reported to ensure placement on the waiting list is correct. If reporting a change in preference a preference certification must be completed.

**Section 8 Participants only: You must report all changes in income and household composition, within ten (10) calendar days. The ten day reporting requirement means that you must report the change within ten (10) calendar days from the effective date of the change, in writing. Changes will not be accepted over the telephone.**

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Complete the information below. Submit the original to Tempe Housing Services. Keep one copy for your records. Check all that apply and complete the requested information:

- A decrease in income effective: \_\_\_\_\_. Explain: \_\_\_\_\_  
\_\_\_\_\_
- An increase in income effective: \_\_\_\_\_. Explain and list the name and address of your source of this income: \_\_\_\_\_  
\_\_\_\_\_
- I wish to add a member(s) to my household effective: \_\_\_\_\_. Please explain and list the name and relationship of person(s) you wish to add: \_\_\_\_\_  
\_\_\_\_\_
- A member is leaving, or has left, my household effective: \_\_\_\_\_. Please explain and list the name and relationship of person(s) that is leaving: \_\_\_\_\_  
\_\_\_\_\_
- Other information I would like to report:  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT:**

Head of Household's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Head of Household's Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_, Tempe, AZ Zip Code: \_\_\_\_\_

**I/We certify the above information is true and correct.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse Signature

\_\_\_\_\_  
Date



Submit original to Housing Services – keep copy for your records

## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

**Signature of Applicant****Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.